

EXHIBIT H
TO JOINT STATEMENT OF
UNDISPUTED FACTS



GENERAL LIABILITY NOTICE OF OCCURRENCE/CLAIM

AGENCY PHONE (A/C, No, Ext) 704-865-8584 Watson Insurance Agency, Inc. 245 E. Second Avenue P. O. Box 879 Gastonia NC 28053 Robert P. Watson - Trans Accts FAX 704-866-9866 EMAIL ADDRESS: (A/C, No)		NOTICE OF OCCURRENCE DATE OF OCCURRENCE AND TIME 01/04/06 AM PM NOTICE OF CLAIM 01/04/06 EFFECTIVE DATE 01/27/05 EXPIRATION DATE 01/27/05 POLICY TYPE OCCURRENCE CLAIMS MADE COMPANY NAIC CODE Interstate Fire and Cas. Co. POLICY NUMBER ASC1000204		DATE (MM/DD/YYYY) 01/05/2006 OP ID CP PREVIOUSLY REPORTED YES X NO RETROACTIVE DATE MISCELLANEOUS INFO (Site & location code) REFERENCE NUMBER
CODE: SUB CODE AGENCY CUSTOMER ID CIRRU-1				

INSURED NAME AND ADDRESS SOC SEC # OR FEIN: Cirrus Medical Staffing, LLC 4651 Charlotte Pk Dr., Ste 400 Charlotte NC 28217 RESIDENCE PHONE (A/C, No) BUSINESS PHONE (A/C, No, Ext) 800 299-8132		CONTACT NAME AND ADDRESS Greg Allen RESIDENCE PHONE (A/C, No) BUSINESS PHONE (A/C, No, Ext)		CONTACT INSURED WHERE TO CONTACT WHEN TO CONTACT
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OCCURRENCE LOCATION OF OCCURRENCE (include city & state) DESCRIPTION OF OCCURRENCE (Use separate sheet if necessary) See attached letter received by insured regarding medical malpractice issue.---Please note that umbrella & GL coverage written thru Interstate Fire also.		AUTHORITY CONTACTED
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POLICY INFORMATION COVERAGE PART OR FORMS (insert form no and edition dates) GENERAL AGGREGATE PROD/COMP OP AGG PERS & ADV INJ EACH OCCURRENCE FIRE DAMAGE MEDICAL EXPENSE DEDUCTIBLE PO UMBRELLA EXCESS X UMBRELLA EXCESS CARRIER: Interstate XSP-1100100 LIMITS: AGGR PER CLAIM/ACC SPO CED							
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TYPE OF LIABILITY PREMISES: INSURED IS OWNER TENANT OTHER OWNER'S NAME & ADDRESS (if not insured) PRODUCTS: INSURED IS MANUFACTURER VENDOR OTHER MANUFACTURER'S NAME & ADDRESS (if not insured) WHERE CAN PRODUCT BE SEEN? OTHER LIABILITY INCLUDING COMPLETED OPERATIONS (Explain) GL written thru Interstate Fire--GL11120439				TYPE OF PREMISES OWNERS PHONE (A/C, No, Ext) TYPE OF PRODUCT MANUFACT PHONE (A/C, No, Ext)
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INJURED/PROPERTY DAMAGED NAME & ADDRESS (Injured/Owner) Marilyn Tracy action brought by Ben Tracy AGE SEX OCCUPATION EMPLOYER'S NAME & ADDRESS DESCRIBE INJURY See attached WHERE TAKEN WHAT WAS INJURED DOING? FATALITY ESTIMATE AMOUNT WHERE CAN PROPERTY BE SEEN? WHEN CAN PROPERTY BE SEEN?				PHONE (A/C, No, Ext) PHONE (A/C, No, Ext)
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WITNESSES NAME & ADDRESS BUSINESS PHONE (A/C, No, Ext) RESIDENCE PHONE (A/C, No)	
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REMARKS REPORTED BY email/Greg Allen REPORTED TO Rob Watson SIGNATURE OF INSURED Robert P. Watson - Trans Accts SIGNATURE OF PRODUCER	
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ACORD 3 (2004/06)

NOTE: IMPORTANT STATE INFORMATION ON REVERSE SIDE © ACORD CORPORATION 1986

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